

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041540

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 15Primary Registration District No. 3004Registrar's No. 87

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10061

206612

3

4 0

5 1

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94211

10

11

12 1-0

13 2-0

## 1. PLACE OF DEATH

a. COUNTY

Barton

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Lamar, Missouri

Length of stay in 1b

2 weeks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Barton Co. Mem. Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Barton

Inside Limits

Yes ☒ No ☐c. CITY  
OR  
TOWN

Lamar

d. STREET  
ADDRESS(If outside, give location)  
204 E. Third

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

CARL

OLEN

JOHNSON

4. DATE  
OF  
DEATH

Month

Day

Year

Nov.

28,

1962

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

6/20/95

## 9. AGE (last birthday)

67 years

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman Ret.

## 10b. KIND OF BUSINESS OR INDUSTRY

Swift and Co.

## 11. BIRTHPLACE (City and state or country)

Sarcxie, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A

## 13a. FATHER'S NAME

C. A. Johnson

## 13b. MOTHER'S MAIDEN NAME

Mattie Newman

## 14. NAME OF HUSBAND OR WIFE

Grace Johnson

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

W W I

## 16.

5

## INFORMANT

Address

rs. Grace Johnson Lamar, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Aortic Stenosis &amp; heart insufficiency

INTERVAL BETWEEN  
ONSET AND DEATH

10 Mo.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

☐☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from January 15, 1955, to Nov. 28, 1962 and last saw him alive on 11-28-62--6:00 AM

Death occurred at 7:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Dr. or title)

Edmond Guldner, M.D. *E. Guldner*

## 22b. ADDRESS

1103 Broadway, Lamar, Mo.

## 22c. DATE SIGNED

11-28-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

11-30-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Lake Cemetery

## 23d. LOCATION (City, town, or county)

Lamar

Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

Chiles Funeral Home

Lamar, Mo.

## 25. DATE RECD. BY LOCAL REG.

11-30-1962

## 26. REGISTRAR'S SIGNATURE

*Marie Konantz*USE BLACK INK  
OR  
TYPEWRITER RIBBON

DEC 10 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clarence H. Chiles

Licensed Embalmer No. 3473

P. O. Address Lamar Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.